

Bidder Name: Cenpatco

## 2009 Iowa Plan RFP Bid Evaluation Scoring Tool

### TECHNICAL COMPONENT

#### 7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N? N?

<p>√ 7A.2.2 Enrollees 65 and Older <span style="float: right;">①</span></p>	<p>Sub-Section Score (circle one):</p> <p>[Meets With Distinction] (?) Meets Partially Meets Fails to Meet</p>
<p>7A.2.2</p> <p>1. Did the bidder describe the experience it has in treating individuals aged 65 and older?</p> <ul style="list-style-type: none"> <li>Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older?</li> <li>Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it?</li> <li>If there any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective?</li> <li>Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective?</li> </ul>	<p>• <u>A.E. experience</u>: Ambulance program → CSAP Bn + mobile SVDS + suicide prevention</p> <p><u>OH</u>: ECM - integrated model → coordination of needs + materials + services</p> <p><u>challenges</u>: social isolation; coordination between MH + BH</p> <p>* <u>Health Program</u>: consumer-directed, EMB + <u>Psychiatric Medication VR</u></p> <p>* <u>Caring Visits</u>: pre-programmed cell phone</p> <p><u>Training Stakeholders</u> to <u>Identify</u> of older Enrollees:</p> <p><u>multi-faceted approach</u>: tx, social supports; technology; T programs</p> <p><u>Network</u>: Regional CSP; Theme-based army: BH Co + Risk Program of community groups</p> <p><u>Transition</u>: Data + Continuity of Care: could be more detailed</p> <p>5. identify high need: (how?)</p> <p style="text-align: right;">↳ form: needs Assessment.</p>

Bidder Name: Cenpatico

<p>√ 7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)</p> <p>(2)</p>	<p>Sub-Section Score (circle one):</p> <p>[ Meets With Distinction ] Meets Partially Meets Fails to Meet</p>
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions</p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions</p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system</p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation</p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system)</p> <p>2. Are the strategies appropriate and are they likely to be effective?</p> <p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> <li>emphasize honoring Eligible Persons' choice of service provider,</li> <li>promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and</li> <li>demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery?</li> </ul> <p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p>① team-based planning (checkboxes) goals for SUDS along priority of effectiveness - engagement; family; return to work/school.</p> <p>- specific strategy for IA. 3 SUDS priorities - recovery - CSP - Family Therapy</p> <p>② CSP - directly with medical services for this population.</p> <p>at least in ICSP region!</p> <p>utilize the 5th &amp; 6th to improve integration coordination -&gt; Health Plan</p> <p>polypharmacy drive - PMORE program.</p> <p>③ Build upon existing programs in IA. Family Drug Court: work + improving access to SUDS. Tailor to program.</p> <p>Implement a Community Reentry Program: through reentry program &amp;.</p> <p>Guidance &amp; services to avoid inmates who are not eligible for release -</p> <p>in collaboration with 24 hr Nurse Advice Line + facilitate access to facility.</p> <p>Provide from their corrections -&gt; nurse advice -&gt; provide doc summary -&gt; receive into up to.</p> <p>④ Collaborate with DMHDS - 6.7 week.</p> <p>⑤ Build on existing family team decision making model/structure expanded learned in TX + AZ. weekly meeting &amp; staff support - placement issues.</p> <p>facilitate communication between all systems &amp; entities involved</p> <p>- include child + family + important individuals in family I.E.</p>

System Transformation: Goals: reduce fragmentation, Efficiency

↑ quality of care + service delivery - recovery resulting

↑ eligible participation in decisions.

regions: identify new to implement jobs; Sep; resources through grants.

that mapping

comprehensive care providers:

centralized and services via a provider system

2 per region = 12 CSP. Focus particularly on high need chg, bbs. includes but not limited to all 5 special pops chg.

Are there facilities in IA?

Included ACT information

→ utilize adapted Health Plan first system Year 2 of Contract.

Team-based clinical planning

AT model: looks like same as exp priorities.

strong evidence based planning; not all so good, cross stb; with ongoing - single plan central corp.

Bidder Name:

Сенгатиу

<p><b>√ 7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services</b>  <b>(Sections 4.A.2 and 4.B.2 of the RFP)</b></p>	<p align="center"><b>Sub-Section Score (circle one):</b></p> <div style="display: flex; justify-content: space-around;"> <span>Meets With Distinction</span> <span><b>Meets</b></span> <span>Partially Meets</span> <span>Fails to Meet</span> </div>
<ol style="list-style-type: none"> <li>Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?</li> <li>Does the bidder's proposal describe in detail the model it proposes to implement?</li> <li>Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?</li> <li>Does the response specifically identify the bidder's approach with respect to:               <ul style="list-style-type: none"> <li>Contractor interactions with Eligible Persons?</li> <li>service system planning and design?</li> <li>provider adoption of a rehabilitation, recovery and strength-based approach to services?</li> </ul> </li> <li>Is the bidder's proposed approach appropriate and likely to be effective?</li> </ol>	<p>① Detailed approach in A-E : Transformation team - include staff, consumers, provider working top-down approach.</p> <p>Distributed efforts Requirements Priority</p> <hr/> <p>(Ch + VLS Form) Items; for - central SUDS training wrap-around family re-unification.</p> <p>Model: Joint Tx Planning teams having eligibility - involvement. Employed - employment → regional system of care; CSP <u>Trial home</u> / per-operated business - private provision.</p> <p>③</p> <p>④ Interactions: community feedback Forums - quarterly review reg. in.</p>

Ted.

- Content Explanations
- $\alpha$  1 Activities & Review
- Performance Segment Work Plans
- Performance Monitoring
- Monitoring Course Engagement
- Training: Refers to the time spent on the part of the instructor (Amount) Review & work

Root Cause: Challenges to rural communities:  
Inaccessibility

6-fruiting - non-fused body

\* Return Receipts: Certified  
See paragraph 12  
Monday

Reverse Cuts: parallel-based  
complete-accuracy  
-infused

Technical assistance to providers.

specific sit  
not strong.

Consumer & Family Advisory Council  
Consumer Policy Evaluation - ombuds program  
on time loss & misleading / not consumer can!  
traditional

??

⑧ They will hire consumer for month's Dept: Recy +  
Residing Advisor.

Annual Stigma Reduction Plan. - community involvement  
Aiming to reduce stigma.

Nature mgt: CO<sub>2</sub> benchmark A implying emissions & farm support rate

Characteristics of a good - monitor provides the history & fidelity activity.

Bidder Name: Cepetw

<p>7A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP)</p> <p style="text-align: right;">①</p>	<p>Sub-Section Score (circle one):</p> <p> <input checked="" type="radio"/> Meets With Distinction           <input type="radio"/> Meets           <input type="radio"/> Partially Meets           <input type="radio"/> Fails to Meet         </p>
<p>7A.2.5.a)</p> <ol style="list-style-type: none"> <li>Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care?</li> <li>Does the description include:               <ul style="list-style-type: none"> <li>how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning?</li> <li>descriptions of instances in which the bidder has successfully employed such strategies under other contracts?</li> </ul> </li> <li>Is the bidder's proposed approach appropriate and likely to be effective?</li> <li>Do the cited examples of experience demonstrate working knowledge that will benefit Iowa?</li> </ol>	<p>           - Dedication to core principles of recovery and wellness            - Belief that people can &amp; do recover from mental illness &amp; they know best what works &amp; strategies support recovery            - Contextualized; meaningful; and; focusing on needs            - At - mental impairments - CPT - children 408 to 958            - Comprehensive approach: e.g. multi-faceted approach.            Supportive network: Recovery, Family, Friends, Community, Peer Support, etc.            Involvement &amp; Technical Assistance - All examples            Community - Peer Support - how is appropriate?         </p>
<p>7A.2.5.b)</p> <ol style="list-style-type: none"> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care?</li> </ol>	

Bidder Name: Campion 200

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP) <span style="float: right;">(2)</span>	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>√ 7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do?</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective?</p>	<p>yes it is CSP forecast region. build network for needed          must correct hub - average of other providers          for the network. - develop designs, + impact          It appears as extent what is feasibility of CSP region          model in all IA regions?</p>
<p>√ 7A.2.6.b)</p> <p>1. Does the analysis include an identification of service gaps and the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid?</p> <p>3. Were any major gaps of which the evaluator is aware missed?</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p> <p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline?</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> <li>• Level I Sub-acute Facility services delivery?</li> <li>• 24 hour mental health stabilization services?</li> <li>• Substance abuse peer support/recovery coaching?</li> </ul> <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>	<p>psychiatry. - on the log. in ch. 10 and          + SE region 1 cm 5          Pen. to analysis - Geo/Acton region -          that missing          - calculated diff. from provider network          via model survey          diff. + needs within region.          - new support systems.          CSP model          level I sub acute care.          - reviewed list of Emergency stable services          - analyzed utilization pattern.          SA are appropriate - cost program          high - not enough.          only highest levels          will require PA.          Not sure - CSP forecast, h. h. h.?          yes          yes          yes          yes</p>

Bidder Name: Penapatico

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>√ 7A.2.6.c)</p> <p>1. Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff?</p> <p>2. Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate?</p> <p>5. Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa?</p>	<p>Sent it - will not give (A - will) A put on a path. - not sure?</p> <p>parameters/needs - put into a RA</p> <p>integrated services - Iowa - create / RFP - # of's monthly, will be good model.</p>
<p>7A.2.6.d)</p> <p>1. Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan?</p> <p>2. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>A 2. example - Post People Committee -</p> <p>yes. strong CBPs - include stakeholders, consumers, team</p> <p>examples - Being President, who - meeting.</p> <p>yes. Timeline for Adoption + Implementation</p> <p>yes support BDDT</p>
<p>7A.2.6.e)</p> <p>1. Does the bidder identify any services for which it will not reimburse due to moral or religious grounds?</p> <ul style="list-style-type: none"> <li>If yes, is there a complete explanation of these services?</li> </ul>	<p>no</p> <p>(This response should not be scored. The question is for informational purposes only)</p>

collectable (all  
child + from  
Dean  
Revenge Billy  
Vanguard  
m/na the  
m/na  
Act  
Lynette Englyat  
Piper R. B.

Bidder Name: \_\_\_\_\_

*Seape HW*

7A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.7.a)</p> <p>1. Did the bidder describe its organization of the Utilization Management Staff, including:</p> <ul style="list-style-type: none"> <li>• number of staff? <i>51 staff</i></li> <li>• credentials and expertise?</li> <li>• the rationale for the mix of expertise?</li> <li>• roles of different types of staff?</li> <li>• methods to maximize coordination between UM staff and local delivery systems?</li> <li>• methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system?</li> </ul> <p>2. Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</p> <p>3. Is it clear that the staff will be knowledgeable of the services available in each region?</p> <p>4. Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate?</p> <p>5. Are there roles or types of staff which should have been included but were not?</p> <p>6. Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective?</p> <p>7. Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective?</p>	<p><i>Describes um staff: roles + responsibilities; qual. has tasks - numbers &amp; allocation across regions.</i></p> <p><i>- analyzed utilization; own staff at similar sized organizations + current needs staff for um.</i></p> <p><i>- I can assign to high priority.</i></p> <p><i>Large number of um staff - separate one would I can functions</i></p> <p><i>[staff will be organized &amp; knowledge of members' needs +] <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5</span></i></p> <p><i>roles appear to be appropriate: good description of each functional role.</i></p> <p><i>Child Psychology? Peer Review?</i></p> <p><i>Current family functions will be used. - enhance roles &amp; newly shift of priorities.</i></p> <p><i>VS, I can plus CSP infrastructure</i></p>
<p>7A.2.7.b)</p> <p>1. Did the bidder's other clients for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</p>	

Bidder Name: Cenpelex

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.a)</p> <ol style="list-style-type: none"> <li>Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate?</li> <li>If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</li> </ol>	<p>yes - include psychosocial criteria - only for the highest levels of care.</p> <p>N/A - will use ASAM - M-TR</p>
<p>7A.2.8.b)</p> <ol style="list-style-type: none"> <li>Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services?</li> <li>Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests?</li> <li>Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient <u>and</u> effective?</li> </ol>	<p><u>Meets</u></p> <p>yes - for facility level (BP) - into for non facility level.</p> <p>the duration &amp; intensity of treatment is addressed; did not address managing high volumes of requests.</p> <p>post &amp; pre profiling - collaborative effort &amp; provider: measure outcomes, ensure satisfaction: managing for positive outcomes - not sure how effective the approach will be - effectiveness of T requestors</p>
<p>7A.2.8.c)</p> <ol style="list-style-type: none"> <li>Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations:             <ol style="list-style-type: none"> <li>substance abuse services for pregnant and parenting women?</li> <li>substance abuse services provided to Enrollees in PMICs?</li> <li>mental health inpatient services provided to Enrollee children in state mental health institutes?</li> <li>Eligible Persons with concurrent need for both mental health and substance abuse treatment?</li> <li>Assertive Community Treatment (ACT)?</li> </ol> <ul style="list-style-type: none"> <li>If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted?</li> </ul> </li> </ol>	<p><u>Meets</u></p> <p>Both discussed special issues for each of the following services and populations:</p> <ul style="list-style-type: none"> <li>ACT</li> <li>inclusion of family (ICM)</li> <li>inpatient facility treatment &amp; management: d/c planning from admission (ICM)</li> <li>care for SA &amp; mental co-occurring; co-occurring; medication / intervention</li> <li>Expansion of ACT &amp; will support expansion</li> </ul> <p>appear to thoroughly understand issues in applying guidelines to above</p>



Bidder Name: Cleopatra

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.8.d)</p> <ol style="list-style-type: none"> <li>1. Did the bidder list any services or levels of care for which prior authorization would not be required?</li> <li>2. Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives?</li> <li>3. Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization?</li> <li>4. Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives?</li> </ol>	<p>rehab + community support; OP <u>meets</u> non hospital: phd; day tx; IOP PA for out of home 24 hr placement; no history for 180 or 360 day yes for only the highest level inappropriate utilization → may be fraudulent or counter therapeutic Good example in QA of opportunity for Intervention fraudulent billing for Intervention from his reported well beyond crisis situation + family support non state delivery.</p>
<p>7A.2.8.e)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes?</li> <li>2. Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance?</li> <li>3. Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers?</li> <li>4. Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers?</li> </ol>	<p><u>meets</u> yes - monitoring denials, ALOS, d/c planning; readmission rates, referral to peer review, adverse occurrences, complaints + resolution yes (see above) yes - acute care providers - getting data along denials from to share. yes - provide public record adherence to best practices. - require notification to facilitate remediate</p>

Bidder Name: Cen p a f w

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.8.f)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"?</li> <li>2. Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ?</li> <li>3. Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for <u>mental health services</u> align with the state's objectives, as put forth in Section 5A.3.1 of the RFP?</li> <li>2. Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need convey a good understanding of how the approaches differ?</li> </ol>	<p style="text-align: center;"><u>meets</u></p> <p>yes - though IHAM - MC-ER + understanding how system + system</p> <p>yes : explain different approach.</p> <p style="text-align: center;">(?)</p> <p>yes have construction beyond dx + selection.</p>
<p>7A.2.8.g)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)?</li> <li>2. Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate?</li> <li>3. Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services?</li> <li>4. Does it appear that this process treats providers fairly and will be effective?</li> </ol>	<p style="text-align: center;"><u>meets</u></p> <p>only offers + facility level services - facility level services.</p> <p>yes</p> <p>yes</p> <p>yes acceptable back to date.</p> <p>yes</p>

Bidder Name: Cenpath

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.8.h)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe how it would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management?</li> <li>2. Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective?</li> <li>3. Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective?</li> </ol>	<p><u>Meets</u></p> <p>- described ICM mission - not a service!</p> <p>- encourage companies to contract i CSP's for ICM</p> <p>- we not clear how ICM / CSP / ICM interact/relate??</p> <p>- yes ICM not a service!</p> <p>ICM = transportation due to the interaction</p> <p>ICM = assessing needs/strategies, goals; actions → goals; alternative options; program goals; explaining participants.</p>
<p>7A.2.8.i)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe how it would provide 24 hour crisis management?</li> <li>2. Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective?</li> <li>3. Did the bidder provide examples of how that service has been provided in other states?</li> <li>4. Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa?</li> </ol>	<p><u>Meets</u></p> <p>- distinguish crisis intervention from crisis mgmt. - centralized.</p> <p>24-hr crisis mgmt <del>not</del> full time line</p> <p>will use Health Department if applicable</p> <p>yes - Nonu-wide 24 hr. nurse advice line - AE</p> <p>on-call staff clinician.</p> <p>Expand crisis intervention through CSPs + reimbursement funds.</p>

Bidder Name: Cenpro 720

<b>7A.2.9 Required Elements of Individual Service Coordination &amp; Treatment Planning</b> <b>(Sections 1.9, 4B.2.2 and 5A.5 of the RFP)</b>	<b>Sub-Section Score (circle one):</b> <b>Meets With Distinction      Meets      Partially Meets      Fails to Meet</b>
<p><b>7A.2.9.a)</b></p> <ol style="list-style-type: none"> <li>Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including: <ul style="list-style-type: none"> <li>how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children?</li> <li>how the 24-hour crisis and referral service would interface with the emergency crisis service system?</li> </ul> </li> <li>Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff?</li> <li>Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise?</li> <li>Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system?</li> </ol>	<p>multi-level approach: - 24/7 crisis line: Maximize CSP capacity: invest in mobile crisis teams &amp; telehealth in IA; child mist &amp; IA</p> <p>CSP model + capacity key element in crisis approach via commitment #</p> <p>- Fast response training - statewide - A7 model + build on current IA pilots</p> <p>- Crisis planning - online &amp; will be achieved at time of call</p> <p>- Coordinated/consensus approach to crisis</p>
<p><b>7A.2.9.b)</b></p> <ol style="list-style-type: none"> <li>Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services?</li> <li>Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner?</li> <li>Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment?</li> <li>Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective?</li> </ol>	<p>Referral -</p> <p>Extensive strategies/processes for identifying high risk:</p> <p>Individual referrals: PCP, case coordinator, providers, family member/elf</p> <p>community support: team criteria: acuity, utilization; co-morbidities; pattern of care etc.</p> <p>Somewhere: quarterly team review; historical data: Anticipated. CIR.</p> <p>Planning emphasizes recovery principles: → consumer an; peer specialists &amp; family support partners. ⇒ ISSB that are strength-based &amp; goal focused.</p> <p>team model w/ accessible processes &amp; eligibility &amp; families to promote eligible directed care. Provide clinicians train members in these processes.</p>

- have non licensed case coordinators for crisis/care mgmt activities

- (2) mt d/c planning from 24 hr call

- continuity - pre-programmed response.

Bidder Name: Perpetual

<p>√ 7A.2.9 Required Elements of Individual Service Coordination &amp; Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction      Meets      Partially Meets      Fails to Meet</p>
<p>7A.2.9.c)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan?</li> <li>2. Does the bidder's proposed program appear appropriate and likely to succeed?</li> </ol>	<p>middle of the TX further and training of judges will train IA courts in RA to options based on court criteria</p> <p>- training in variety of settings: use integrating evidence to coordinate training - make number of opportunities available w/ some medical flexibility as well.</p>
<p>√ 7A.2.9.d)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians?</li> <li>2. Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective?</li> <li>3. Did the bidder describe how it would assess network provider compliance with the care coordination requirements?</li> <li>4. Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective?</li> <li>5. Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively?</li> <li>6. Do the bidder's examples of monitoring efforts document an effective process?</li> <li>7. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians?</li> </ol>	<p>- committed to this type of coordination &amp; will make it IWE to establish joint clinical records.</p> <p><u>Health Passport</u>: successful in TX - placeholder for repository of hlt assessment, visit, tx, SUD plans, psych evals, lab results; exam results - robust application. "input is" tool - member directed!</p> <p><u>Joint TX Planning</u>: <del>intake</del> ensure network providers are communicating &amp; report through this planning process.</p> <p><u>Communicable D/C Plan</u>: If provider has form to PCP // will they integrate this?? need more programming / support to make this a valuable mechanism.</p> <p><u>Care Coordinator's role is to support communication &amp; co-ordination.</u></p>

Monitoring: Requirements: training; short audits.

At monitoring effort should result in increase in compliance from 0% to 100%.

Bidder Name: Cenpro hio

<div> <div>√ 7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)</div> <div>⑤</div> </div>	<div>Sub-Section Score (circle one):</div> <div> <div>Meets With Distinction</div> <div>Meets</div> <div>Partially Meets</div> <div>Fails to Meet</div> </div>
<div>7A.2.10.a)</div> <ol style="list-style-type: none"> <li>Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities?</li> <li>Did the bidder provide successful strategies for putting in place effective discharge placement from such settings?</li> <li>Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa?</li> </ol>	<p>             From hearing in the Foster Care Program &amp; services there.              Specifically regional model in TX - will bring this model              to IA thru CSR - is this a feasible model? will it              be effective.              It's in program - will bring to IA -              work closely with families to identify strategies &amp;              needed supports.           </p>

At - (Child & Family) the team > joint planning.  
 (Do they understand the process well enough?)  
 Are the program easily replicated?  
 What is the cost. This approach is essential to  
 core strategies?

Bidder Name: Cenpazcu

7A.2.11 Appeal Process (Section 5B.2 of the RFP) <span style="float: right;">(1)</span>	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.11.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals?</li> <li>Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification?</li> <li>Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> <li>provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested?</li> <li>100% of all expedited appeals will be resolved within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal?</li> <li>provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP?</li> </ul> </li> </ol>	<p>Appeal process is compliant to the requirements outlined in RFP</p>

\* Cenpazcu - subcontractor (with help from family) signed 7 specialists - already doing appeal process.  
Enrollee has to ask the appeal coordinator.

Bidder Name: Cepetco

<b>7A.2.12 Grievance and Complaint Process</b> (Sections 5B.1, 5B.3 and 5B.4 of the RFP)	<b>Sub-Section Score (circle one):</b> Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.12.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints?</li> <li>Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> <li>Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding treatment programs will be directed to DPH?</li> <li>provision of written notice acknowledging the receipt of a the grievance?</li> <li>rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review?</li> <li>95% of all complaints and grievances shall be resolved <b>within 14 days</b> of receipt of all required documentation and 100% shall be resolved <b>within 90 days</b> of the receipt of all required documentation?</li> </ul> </li> </ol>	<p>Grievance not to appropriate staff deciding it subject of process.</p> <p>W - do they set that complaints are for IDPH participants?</p> <p>Appears to comply to forward forms &amp; reports.</p> <p>external commission  Combsman program e. Grievances &amp; complaints</p>

↳ aggregate data to be presented  
in Cepetco's QA & PI committee



Bidder Name: Cenpath

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.13.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons?</li> <li>Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective?</li> <li>Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity?</li> <li>Are the identified potential issues reflective of the current Iowa service system?</li> <li>Are the proposed steps to increase capacity appropriate and likely to be effective?</li> <li>Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals?</li> <li>Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa?</li> </ol>	<p>Commit to meet needs of Eligible in even of current level          Pub: Geo-Accn; Density &amp; Asset Analysis + Mapping to          identify inadequacies in numbers &amp; capacity of provider panels.          Telehealth to Patient psychiatry - use out of state          IA licensed psychiatrists.          Create network of CSPs - Alliances - direct provision +/-          referral to other providers Patient &amp; community level          process teams through investment          TACT through re-investment          Recruitment program - train the trainee model.          Success in AZ to increase bh/behavior management          capacity in nursing homes.          Have they done feasibility analysis of CSP model in          IA?</p>
<p>7A.2.13.b)</p> <ol style="list-style-type: none"> <li>Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for:             <ul style="list-style-type: none"> <li>the use of telehealth and distance treatment options?</li> <li>provision of child psychiatric consultation services to primary care clinicians?</li> </ul> </li> <li>Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access?</li> </ol>	<p>- Proposed increase in telehealth services for psychiatry          - recruit PACT &amp; RHC to expand capacity and to          remote telehealth sites          - explore feasibility of telehealth for primary care          - negotiate PACT &amp; RHC to T capacity for non-travel          cases          - utilize geographic out of state providers          - implement PMH program to provide comprehensive          consultation &amp; PCP - child/adult &amp; psychiatrist          review to records; Report; consult &amp; PCP &amp;          provide assessment/report.</p>

Bidder Name: \_\_\_\_\_

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):  Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.13.c)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate?</li> <li>Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of psychiatrists demonstrate effectiveness?</li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities?</li> </ol>	<p>TX: Foster Care Program - Integrated mental health services through providing holistic healthcare psychiatric services          KS: initial provider in the form of a state &amp; cover areas in other part of state using in-home care delivery model.          Question &amp; answer to find program in community only to enhance network - AZ model. - BH BANC &amp; Advanced          Arizona Program - Recovery/Recovery model - Basic Grounding &amp; etc.          AZ - nursing home example cited earlier.          will use assessment &amp; other things.</p>
<p>✓ 7A.2.13.d)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of:               <ul style="list-style-type: none"> <li>psychiatric rehabilitation services?</li> <li>mental health self-help and peer support groups?</li> <li>peer education services?</li> </ul> </li> <li>Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees?</li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services?</li> </ol>	<p>They seem to get it &amp; recognize DO work w/ psychiatric Rehab. Issues.          AZ model - BH Center for Rehab: Rehab Education Training in AZ - Best Practice.          - provided self-help &amp; peer support groups.          TLC - peer-run CEA in Yuma.          Peer education: training of peer support specialists in AZ.          Developing peer support specialist training curriculum for 2019 release, &amp; developing Train the Trainer module all adaptable to EA.</p>

Bidder Name: \_\_\_\_\_

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.13.e)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience with contracts that include SAPT Block Grant funding?</li> <li>Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa?</li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with provides for services funded by an SAPT Block Grant?</li> </ol>	<p>AZ - manage SAPT Block Grant funds. children &amp; adults services; pregnant &amp; DQ; IV cases; &amp; other programs &amp; services mostly. All the funds to providers in AZ. - all SAPT funds arriving. provide training &amp; technical assistance</p> <p>- Develop SAPT reports to improve data utilization &amp; priority reports utilization of funds. - identify capacity, available resources &amp; gaps.</p> <p>In-depth training &amp; guidelines: mostly meeting providers re. various areas: important to improve. <u>Amber's report on final &amp; block grant for</u> / <u>capable to deliver</u> <u>utilization - not plus.</u></p>
<p>7A.2.13.f)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement?</li> <li>Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa?</li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting?</li> </ol>	<p>TX build a network comparable to IA -</p> <p>GA usually have 6 months pre-implementation</p> <p>AZ timeframe: 8 months allows ample time + anticipate no special issues.</p>

Bidder Name: Cenpe hio

<p>7A.2.14 Network Management (Section 5C.5 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction      Meets      Partially Meets      Fails to Meet</p>
<p>7A.2.14.a)</p> <ol style="list-style-type: none"> <li>1. Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement?</li> <li>2. Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers?</li> <li>3. Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum?</li> <li>4. Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report?</li> <li>5. Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly?</li> <li>6. Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report?</li> <li>7. Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective?</li> <li>8. Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared?</li> <li>9. Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals?</li> <li>10. Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels?</li> </ol>	<p>Clinical Read Review: Feedback from the each center to improve review, reviewing focus of Individual Service Plans.</p> <ul style="list-style-type: none"> <li>- also may include fact sheets on best practices if document is appropriate.</li> <li>- assist billing codes - billing code lists to improve claims submissions -&gt; payment - these improvements can lead to better doctor used for billing!</li> </ul> <p>Quarterly meeting: identify under &amp; over utilization.</p> <ul style="list-style-type: none"> <li>- complaints/grievances; cultural competency, availability, timeliness &amp; convenience of service &amp; access services.</li> </ul> <p>IP providers who collectively spend 50% more authorization or " " " " " "</p> <p>All CSRs!</p> <p>Benchmarks for each indicator will be derived from IA Non Network Average.</p> <p>Standard indicators by: Admissions; readmissions; Denials; ALOS; AC of 72 (hr); 1 Med. &amp; day flu shot; 2nd parties &amp; k.</p> <p>Sample Reports: IP kids - nice paragraph of text &amp; comparisons across providers.</p> <p>Benchmark sample - UP - out with benchmark -&gt; 100 units per pt.</p> <p>we are not aware of severity adjustments!</p>

IA - out with review on 1st quarter across all of elements

Bidder Name: Cingular

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.14.a) (continued)</p> <p>11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?</p> <p>12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?</p> <p>13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?</p> <p>14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?</p> <p>15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?</p> <p>16. Are the proposed methods for sharing best practices likely to support replication by other network providers?</p>	<p>To, to volume described performance chart.</p> <p>Reliance flu &amp; flu shot by clinical provider</p> <p>Grading - direct results; benchmarking, activities; apply for improvements.</p> <p>- Award &amp; develop strategies to appropriately recognizing for awards.</p> <p>- Rolling year format of provider interested parties. 3 month award.</p> <p>- include top 10 high cost consumers in each provider's network report - ICDM flu.</p> <p><u>Rewards</u>: preferred provider - JP - get set &amp; 1 pre-arrange day, 5 UM person.</p>

Under review members when completion with P.I.'s. - annually 4 months following year end.

Penalties: as follows - high level of performance Committee. Committee Action; no new interests; termination.

Bidder Name: \_\_\_\_\_

*cupa -*

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.14.b)</p> <ol style="list-style-type: none"> <li>Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5?</li> <li>Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients?</li> </ol>	<p>GA. - ability provide to sub TA + Clinics          Training - lines of training &amp; Admin issues:          Improve process: Accurate; Best Practices EBR.          HE ability quality - state implemented the          Corporate audits statewide. - sample // (Real training) - <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">T</span></p>
<p>7A.2.14.c)</p> <ol style="list-style-type: none"> <li>Did the bidder provide copies of provider profiles employed for two clients?</li> <li>Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP?</li> <li>Did the bidder describe measurable performance improvement that resulted from the provider profiles?</li> <li>Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant?</li> </ol>	<p><u>Ohio</u> Akron (children's) Hospital!          Also; Kentucky; Penn. ability of Cal.          improve the results.  <u>IN</u> - One for MA. Really approached stakeholders          easily.          Years like robust, people feel &amp; engaged to become          defend them - not what I expected as a as people!!</p>
<p>7A.2.14.d)</p> <ol style="list-style-type: none"> <li>The bidder describe how it would assure the accuracy of ISMART data submitted by the providers of substance abuse services comprehensive?</li> <li>Is the proposed plan appropriate and likely to be effective?</li> </ol>	<p>Katrina not accountable to ensure adherence          really state of claims for accuracy          Realist training - complete action - 30 day plan.          series of escalated steps - transition for          non-compliance -</p>

Bidder Name: Carp-Rep

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)		Sub-Section Score (circle one):			
		Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.15.a)		Very comprehensive description + infrastructure, methodology, process for improving quality in community & public programs (see attached documents). Appropriate accountability example small projects: active support could result in significant improvement. Actionable approach → QI - contract - / year. Education, reporting, connection, transition, turn-over cycle. QA - check state health plan standards. Yearly / quarterly reports - Statistical significance measure of improvement year to year. AE - SA & ME - individual level / A: tx & recovery tracking Z - outcomes, - NCA / HEDS Day after next & dlc Quality Health Plan 20-32 → 40-50 year to year. Specific / important 20-32 - GI alignment work / I / month → 20-32 AT - outcomes DART facility / utilization. cost-effective - AE - community-based outcomes - multi-p survey city-wide - measures for measures across adult / youth population. - many months for results! AT by consumer outcomes: Cognitive instrument Participation Education Rel., unlimited copy Core data collection Connection other office program - AT TX			
1. Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations?					
2. Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations?					
3. Did the bidder provide quantified, statistically significant evidence of improved:					
<ul style="list-style-type: none"> <li>mental health quality - process measures</li> <li>substance abuse quality - process measures</li> <li>mental health quality - functional or clinical outcome measures</li> <li>substance abuse quality - functional or clinical outcome measures</li> <li>mental health quality - consumer-reported outcome measures</li> <li>substance abuse quality - consumer-reported outcome measures</li> </ul>					
4. Did the bidder's references confirm the bidder's effectiveness generating statistically significant improvement in population health status?					
7A.2.15.b)		AT mental / Health Statistical Improvement report - annual survey selected 2 QA's in AE - state periods samples - Cognitive memory program: random administrative survey. Satisfaction & outcome data people using in EA Games / games. comparison. SA - OK instrument. - administered by providers - results to Cognitive - C - analyze data - share providers & Dept's.			
1. Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery?					
2. Did the bidder's description specify tools, populations, sample sizes, findings, and how the bidder acted upon it findings?					
3. Does the bidder's demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings?					

Bidder Name: \_\_\_\_\_

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction      Meets      Partially Meets      Fails to Meet</p>
<p>7A.2.15.c)</p> <p>1. Does the bidder describe an array of different methods by which consumers <u>and</u> family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> <li>• adding consumers and family members to bidder-sponsored quality improvement teams;</li> <li>• using advisory groups or focus groups to advise the identification and design of possible improvement projects, and</li> <li>• using surveys to elicit consumer and family members suggestions and/or feedback.</li> </ul> <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>Review Advisory Committee - input into development of the survey          &amp; 1 plan (family, consumer reps), members, benchmarks -          performance in <del>the</del> Annual CS Evaluation. &amp; 1st to          review provide satisfaction results.</p> <p>Input through: critical mass, community groups, focus groups,          community focus,</p>
<p>7A.2.15.d)</p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality, including to:</p> <ul style="list-style-type: none"> <li>• identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and</li> <li>• identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee.</li> </ul> <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p>to program example for analysis / utilization of Rx data,          identify Rx patterns "outlier patterns" → PWR          referral. → quality of care Review if prescribing is          appropriate / inappropriate</p> <p>(in modifying this program to generate results for          Schiz-Rx &amp; Maj Depression.</p>



Bidder Name: \_\_\_\_\_

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction      Meets      Partially Meets      Fails to Meet</p>
<p>7A.2.15.e)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan?</li> <li>Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs?</li> <li>Are the opportunities consistent with what the Evaluator might identify as high priority opportunities?</li> <li>Are the quality improvement approaches described likely to result in improved function and well being for enrollees?</li> <li>Did the bidder describe approaches to realize two such opportunities in Iowa?</li> <li>Are the proposed approaches appropriate and likely to be effective?</li> </ol>	<p>1) Transform system to delivery-oriented. Restructure network → CSFs - 2yr on the P4 in y. 2. - consumer driven co-ordinated service planning - will provide training, tech support, data analysis, feedback - all of these.</p> <p>2) P4/BH integration Decision for post program on the del - consumer opt-in; central hubs stated - who &amp; what.</p>
<p>7A.2.15.f)</p> <ol style="list-style-type: none"> <li>Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups?</li> <li>Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members?</li> <li>Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members?</li> </ol>	<p>At project offers great input in these goals: upon contract award: community advisory council meeting - P4 of meetings to make them more local, focus on delivery. Consumer Advisory Council; Family Advisory Council. - develop partnership to provide additional support - mid &amp; long term; Level of continuity support; MAP 101 Emply consumers w/in org. - Recovery &amp; Recovery Advisor for IA will have active consumer rep involved in AAPD meeting.</p>

Bidder Name: \_\_\_\_\_

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction      Meets      Partially Meets      Fails to Meet</p>
<p>7A.2.15.g)</p> <p>1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> <li>The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered?</li> <li>What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding?</li> </ul> <p>3. Does the proposed process appear appropriate and likely to be effective?</p>	<p>Quarterly reviews based upon EIP ability audits, CPO, um, including - m... review reviews - audit/audit m: aum, summaries, implants, appropriate of 44; EEP; CPO - Being added card ed. in. / hts.</p> <p>(Compile data + report to CAPS comm.; RAL; CAC, IPAC.</p> <p>A - ASAM PAC - ER &amp; CHART/audit to 1. Ad by a/b</p> <p><u>Revisions:</u> formal performance review W/ consultation like: clinical center to provide - develop develop: new 2x month - technical assistance.</p>
<p>7A.2.15.g)</p> <p>1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client?</p> <p>2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?</p>	<p>① Audit/audit of consultation - transfer to division. Sections for function.</p> <p>on plan from AA - comprehensive description of infrastructure - the committee - reporting of committee -</p>

APB, capability etc.  
the NCEA in AA?

Bidder Name: Camp + 20

7A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>1. Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services?</p> <p>2. Is the strategy appropriate and likely to be effective?</p> <p>3. Did the bidder describe its experience in implementing such strategies under other contracts?</p> <p>4. If so, do the other programs appear to be well conceived?</p> <p>5. Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services?</p> <p>6. Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members?</p>	<p><u>2</u></p> <p><u>Asset Mapping</u>; <u>Strategic Prevention Framework</u>; <u>CSF</u> <u>NI</u> <u>Framework</u> <u>Model</u>          will address barriers of lack of cultural know + awareness.  <u>Asset Mapping</u>: to improve access + utilization for prevention + EIT.  <del>Strategic Prevention Framework</del> <u>Strategic Prevention Framework</u> - <u>Strategic Prevention Framework</u>  <u>Build community</u>: <u>understand</u> <u>established</u> <u>local</u> <u>conditions</u> <u>to</u> <u>meet</u> <u>the</u> <u>local</u> <u>needs</u>.  <u>Support</u> <u>and</u> <u>enhance</u> <u>existing</u> <u>prevention</u> <u>programs</u>: <u>if</u> <u>any</u> <u>Pre-Test</u> <u>Community</u>  <u>Employ</u> <u>Samir</u>: <u>Strategic</u> <u>Framework</u> - <u>you</u> <u>are</u> <u>a</u> <u>prevention</u> <u>+</u> <u>change</u> <u>agency</u> - <u>community</u> <u>investment</u> <u>+</u> <u>strategic</u> <u>approach</u> <u>+</u> <u>education</u>.  <u>SF</u> <u>logic</u> <u>model</u> - <u>are</u> <u>graphic</u> - <u>Samir</u>!  <u>Assess</u> <u>need</u>; <u>build</u> <u>capacity</u>; <u>develop</u> <u>strategic</u> <u>plan</u>;  <u>Implement</u> <u>programs</u>; <u>Evaluate</u> <u>outcome</u></p>

use CSF network model - local approach to care.

JA Perinatal Depression Program; anti-stigma + anti-bullying for children + adolescents; with 101 training A schools + communities.  
Suicide prevention in older persons. - similar to Alzheimer's program in AZ.

AE: SF logic model. Amherst Program: - community volunteers. - CIAP Award -> EBP -> suicide/depression among ethnic  
Suicide Prevention among Tribe communities: AZ suicide prevention coalition - great results - Applied Suicide Intervention Skills Training.  
significant decrease in suicides among Native Americans  
graphic eg. adolescents 13 ↓ 5

KS: I.C. type program - elementary school children. - educational programs against bullying, stigma of mental,  
encourage kids to reach up. to disciplinary referrals.

Organization with Perinatal Depression Program. - integrated into the community  
Screening tool - Edinburgh Perinatal Depression Scale. - ICM + CC STAT on these tools.  
Kathleen!

Bidder Name: Perpetua

7A.2.17 Management Information System (Section 6.4 of the RFP) <span style="float: right;">(B)</span>	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.17.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan?</li> <li>Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities?</li> <li>Does the bidder's response address all of the other requirements of Section 6.4 of the RFP?</li> </ol>	<p>Backed by Centene Corp 1984 - Has an Passport  300+ IT professionals - solid record in public sector!  <del>Has for 10 years + not in Agency?</del>  many functions are needed: Public Health Mgt; Emergency; etc.  mgt, program. mg.; coms ??  - Address Business Unit?  Sounds Right!</p>
<p>7A.2.17.b)</p> <ol style="list-style-type: none"> <li>Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application?</li> <li>Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective?</li> </ol>	<p>Other state eligibility  History of the state's enrollment system  - Report on claims denied - Adjudication  functioning.</p>
<p>7A.2.17.c)</p> <ol style="list-style-type: none"> <li>Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when:               <ol style="list-style-type: none"> <li>services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant/</li> <li>services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee/</li> </ol> </li> <li>Do the references provided by the bidder confirm that the bidder has been able to provide a management information system that meets the business needs of other publicly funded programs that are comparable to the Iowa Plan?</li> </ol>	<p>Each payer would have to own separate division  on Agency is - only one state could be made -  determine for enrollment system  If claim denies that should pay a rate - also -  report would show this &amp; adjust rate &amp;  &amp; claims will be made</p>

Bidder Name: \_\_\_\_\_

*Capital*

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ol style="list-style-type: none"> <li>1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount;</li> <li>2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and</li> <li>3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses.</li> </ol> <p>2. Did the bidder disclose the source of the capital required?</p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p> <p>4. Does the bidder's source of capital appear to be sufficient and stable?</p>	<p style="text-align: center;">(2)</p> <p><i>unrestricted cash assets from Capital Set up Accts of Insolvency Protection Acct &amp; Surplus Fund 15% of avg monthly cap. payments. (Working Capital) (3) Community Reinvestment Act 2.5% of cap.</i></p>

Bidder Name: \_\_\_\_\_

*Cepha*

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.18.b)</p> <ol style="list-style-type: none"> <li>1. Does the bidder demonstrate that its organization is financially sound?</li> <li>2. Do the bidder's financial statements and those of any corporate parent support its claims?</li> <li>3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?</li> <li>4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?</li> <li>5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?</li> <li>6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests?</li> </ol>	<p>Wholly owned entity of Cepha (m.i.d) which is a 100% ownership of Cepha Corp. - all the banking is done through Cepha Corp. - Cepha does not maintain independent audited financial statements - "clean" opinion.</p> <p>Cepha \$1.45B in equity; \$500m stockholders equity - \$3.46 in retained earnings; \$25.4m working capital in equity of \$25.4m</p> <p>no judgments, litigation or restruct.</p>
<p>7A.2.18.c)</p> <ol style="list-style-type: none"> <li>1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP?</li> <li>2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?</li> </ol>	<p>Remained strong despite downturn - prior release from Cepha 10/08</p> <p>Q4 - diversified portfolio of cash &amp; investments totaling \$709.9m.</p> <p>all the entities financially sound &amp; solvent.</p>

Bidder Name: \_\_\_\_\_

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.19.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing?</li> <li>Is the process consistent with the requirements set forth in Section 6.7 of the RFP?</li> <li>Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective?</li> </ol>	<p>Claims process by contractor: Antine myt Co. 3 layer of QC (2) layer 3 stages - review myt. nd Internal Claims Adjt. - review daily samples 3rd. oversight review - myt of claims go. Timing time: contract is 91.28 w/in 2 days - <u>delivered</u> Administration - reduce error by provide in claims</p>
<p>7A.2.19.b)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations?</li> <li>Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts?</li> </ol>	<p>sub-section. Business continuity plan to ensure transition despite conditions. EDI program; Paper Claims - scan &amp; ready to copy. Adjustment - platform provides 1.2m claims per month. System Claims Adjt.</p>

Enterprise Business Implementation Team -  
Corporate resource - manages key implementations.  
EBI will support the system and a team  
project structure - extensive history  
of project structure:  
high level plan for system  
implementation.  
Contracting functions manages.  
\$ put in - had review of weekly check over.  
3 months

b) Acknowledged difficulty in past - timely accurate delivery and  
claims money - addressed those through internal QIP.  
3/07 8m investment in old's personnel & training. -  
addressed all new business in up light.  
+ Build out requirements for new market; extensive testing.  
45,000 claims loaded for testing.  
Contracting monitoring post implementation for 5 months &  
ensure 98% accuracy.  
TX 301C foster children: 25,000 claims/month.  
4/08 - exceeded target for claims.  
Just starting post implementation in FL & SC - will start process.





Bidder Name: Casper 2W

**7A.3 Corporate Organization and Experience --- 15%**

*This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.*

**Does it exceed? Y/N?**

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p><b>7A.3.a)</b></p> <p>1. Did the bidder provide the following information on all current publicly funded managed behavioral health care contracts?</p> <ul style="list-style-type: none"> <li>i. contract size: average monthly covered lives and annual revenues;</li> <li>ii. contract start date and duration;</li> <li>iii. general description of covered population and services (e.g., Medicaid AFDC + SSI, state-only population, mental health, substance abuse, state hospital, etc.);</li> <li>iv. the company or agency name and address, and</li> <li>v. a contact person and telephone number?</li> </ul> <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan?</p> <p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so?</p>	<div style="text-align: center;"> <p>Y →</p> <p>↓</p> <p>Y →</p> <p>NU</p> </div>			

Bidder Name: Campbell

7A.3.1 Organizational Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.1.a)</p> <p>1. Does the bidder provide all of the following (as required by the RFP)?</p> <ul style="list-style-type: none"> <li>• lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel?</li> <li>• the curriculum vitae for the aforementioned executive management staff?</li> <li>• if the bidder is a wholly or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations?</li> <li>• an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner?</li> <li>• if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries?</li> <li>• an organizational chart depicting any subsidiaries in relation to the bidder?</li> </ul> <p>2. Are any key positions vacant?</p> <p>3. Do senior officers appear to be appropriately qualified?</p> <p>4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract?</p> <p>5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder?</p> <p>6. If the organization is a partnership, is the line of authority clearly delineated?</p>	<p>Y3</p> <p>Y3</p> <p>Y3</p> <p>Y3</p> <p>Y3</p> <p>Y3</p> <p>Y3</p>			

Bidder Name: Chp 12 Co

7A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.2.a)</p> <p>1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?</p>	<u>NO</u>			
<p>7A.3.2.b)</p> <p>1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest?</p> <p>2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest?</p> <p>3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):</p> <ul style="list-style-type: none"> <li>• a change of the distribution of referrals or reimbursement among providers within a level of care?</li> <li>• referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship?</li> <li>• preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship?</li> <li>• different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship?</li> <li>• distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship?</li> <li>• substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care?</li> </ul>	<u>NO</u>			

Bidder Name: Cupit w

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a)</p> <p>1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)?</p> <ul style="list-style-type: none"> <li>During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination.</li> <li>During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number.</li> <li>During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder.</li> <li>During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP.</li> <li>During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances.</li> <li>The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.</li> </ul>	NO	NO	mini /	NO

Bidder Name: Caps 210

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.3.3.a) (continued)				
2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?	N/A			
3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?	N/A			
4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?	N/A			

Bidder Name: Capitol

**7A.4 Project Organization and Staffing - 15%**

*This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.*

*Does it exceed? Y/N?*

7A.4.1 Organizational Chart	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the bidder provide an organizational chart that demonstrates:</p> <ul style="list-style-type: none"><li>a) the bidder's corporate structure?</li><li>b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure?</li></ul> <p>2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?</p>	<p>Y</p> <p>Y</p> <p>Y</p>			

Bidder Name: Copeland

7A.4.2 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> <li>a) every position which would be working on the Iowa Plan?</li> <li>b) the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations?</li> <li>c) the reporting relationships between those positions?</li> <li>d) the credentials required of individuals to be hired for each clinical and management position?</li> <li>e) the office locations of each individual?</li> </ul> <p>2. Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</p> <p>3. Are adequate resources dedicated to serving DPH Participants?</p> <p>4. Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</p> <p>5. Are the UM, QA, claims and systems senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</p>	<p>Yes</p> <p>Yes to b, c, d, e.</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes - as far as can be discerned.</p> <p>Yes " "</p> <p>Yes.</p>			

Bidder Name: Cen. Lu

7A.4.3 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <p>a) the subcontractors (excluding network providers) who would be working on the Iowa Plan?</p> <p>b) the responsibilities of those subcontractors?</p> <p>c) special skills of those subcontractors?</p> <p>d) the location of the office of each subcontractor from which they will provide their subcontracted services?</p> <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>No</p> <p>No</p>			



Bidder Name: Capitol

7A.4.4 Financial Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the Bidder provide the following information:</p> <ul style="list-style-type: none"> <li>audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments?</li> <li>a minimum of three written financial references including contract information?</li> </ul> <p>2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?</p> <p>3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?</p> <p>4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?</p>				

Bidder Name: \_\_\_\_\_

**7A.5 Budget Worksheet and Narrative - 10%** This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N?

7A.5 Budget Worksheet and Narrative	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	NO	13.5%		
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	NO	3.5%		
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none"> <li>services that would benefit eligible persons?</li> <li>services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? (this question is to assess internal consistency within the bidder's response)</li> </ul>	YES	YES	YES	YES

can be employed in  
 7 per year  
 - work for state - not payment of  
 or from + selection # other state

Bidder Name: Cepko

7A.6 Required Certifications	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder include all the required certifications? (Y/N) <ul style="list-style-type: none"><li>• RFP Certifications and Mandatory Guarantee</li><li>• Release of Information</li><li>• Mandatory Requirements and Reasons for Disqualification</li></ul>	Y	✓		

Bidder Name: Cepatico

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.8.a)</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</p>	<p>Weakness: RFP references how Cenpatico will use ASAM but doesn't say how providers will use ASAM.</p> <p>Weakness: RFP is integrated but almost to a fault. Hard to tell where one ends and other begins.</p> <p>Strength: References Recovery Oriented System of Care often.</p> <p>* Noted retrospective reviews done on outpatient services but not on inpatient or residential.</p>

## Cenpatico

### Iowa Plan Reprourement Evaluation

7A.2.18.a)

Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:

Insolvency Protection Account  
Surplus Fund  
Working Capital

Yes, they stated that cash would be deposited in Iowa-based financial institutions after a competitive bidding process.

**Did the bidder disclose the source of the capital required?**

Yes, the initial capital resource will be from unrestricted cash reserves from Cenpatico and /or their parent organization.

**Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?**

Yes, the parent Centene has cash and cash equivalents totaling \$371 M.

**Does the bidder's source of capital appear to be sufficient and stable?**

Yes, they have had a cash balance of over \$250M at year end of all three years reviewed.

7A.2.18.b)

**Did the bidder demonstrate that its organization is financially sound?**

Yes, Cenpatico has shown that they are financially stable. Their parent company, Centene Corporation has also shown that they are financially stable with a sizable amount of unrestricted cash and Centene will unconditionally guarantee the performance of Cenpatico on each and every obligation, warranty, covenant, and condition of the contract.

**Do the bidder's financial statements and those of any corporate parent support its claims?**

Yes, as of December 31, 2008 Centene Corp. had \$1.45 billion in assets, \$950 million in liabilities, and \$501 million in stockholder's equity. For the year ended December 31, 2008 Centene generated \$3.4 billion in revenue, incurred \$3.2 billion in total operating expenses, and had working capital in excess of \$25.4 million. They also had \$666 million in current assets, which included \$379.1

million in cash and cash equivalents. Their current ratios were 1.2, .9 and 1.0 for 2006, 2007, and 2008 respectively.

they're  
1.2 -  
cash

If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?

N/A

Did the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of the financial statements for the bidder's parent company, if applicable?

No, they provided only the audited financial statements for the parent company Centene Corporation for 2006, 2007, and 2008. They stated they do not maintain independently audited financial statements for Cenpatco.

Did the bidder provide it's most recent three years of independently certified audited financial statements of it's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?

No, they provided only the audited financial statements for the parent company Centene Corporation for 2006, 2007, and 2008. They stated they do not maintain independently audited financial statements for Cenpatco.

Do the audited statements reveal an financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability, or corporate interests?

No, at this time there are no judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of this organization.

7A.2.18.c)

Did the bidder discuss what impact the recent declines in the stock market have had on the bidder's financial stability, how the bidder has responded, and any implications for the bidder's ability to meet the requirements of this RFP?

Yes, despite the declines in the stock market, Cenpatco's and Centene's financial stability has remained strong and will not have any negative impact in their ability to meet the requirements of this RFP.

Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?

Yes, at June 30, 2008, ~~Cenpatco~~ had a diversified portfolio of cash and investments totaling \$709.9 million that currently puts the company well in excess of capital adequacy levels under pertinent state insurance regulations.

## Completed

5. Fed anti-trust approach in crisis times -  
rely on DOJ rules - crisis plans online.

5. Trump Report on integration - let's wait to see.

W. Fed HEC from to reps - circular flow.

V. What is judges (?) for constitution  $\rightarrow$  RA needs - ADAM

## Conclusions

5. Review Policy Committee will provide input into development of FL  
document of the 6-1 plan; reviews, benchmarks (family, businesses)  
process
5. Competition description of GA infrastructure, interdependencies, patterns  
for improving quality i.e. cross policies & provide parents
5. Agree to transition system to review activities, common drive, avoid 1-1 planning  
through CSP activities — Review; technical input, data analysis, ~~GA~~ GIB,  
reference feedback.
- W. Power "can modify this program & present policies for  
SLEP R4 & R5-Open - out tested!

W.





## Competency

intentional Performance

Proficiency - collective effort +  $\bar{e}$  provides - measure of team, group satisfaction, results for positive outcome

S. Significant expansion of AET

S. Final data sets example in GA of apparent flexibility + ability for  
Extensive Program Evaluation

W. did not allow merging meaning high volume of requests

.1 x

## Competency

Definition: Performance

Profiling - collective effort to provide measure of team, group or individual, variables for positive outcome

- 5. Sport expansion 1st/2nd
- 5. Find data to support example in Gov of sport facilities + building for Extension Family Entertainment

W did not collect money managing high volume of requests

## Concpts

5. "Big spend in energy EAT Black Grant help - H.E.  
 Australia's program: Energy; mostly energy & power.

6. Invest in the fuel program in Germany, U.S. & others are force  
 Bet Bet; Bet Around C. Africa again → Energy / Betting not  
 function Australia.

7. Network Adequacy Strategy / Plan - comprehensive  
 (more investment in CSPs) (all series) : -  $10.104 = 10.104$  /  $10.104$   
 7 call hours then re-investment  
 7 act. High re-investment.

8. Carbon / 1300 + carbon / 1300 net track not address - feasibility high

We have power to people ourselves & not at  
will directed / controlled.

We Kenyan people - only needs in our participation  
to we work to it of the part of it. # ???  
How can this be applied here?